

Pregnancy outcome in Placenta Accrete Spectrum: a Low resource setting analysis

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Introduction

- Placenta Accrete Spectrum(PAS) ,a disorder characterized by abnormal trophoblast invasion into the myometrium, to or beyond the serosa
- The placenta fails to separate after delivery because of abnormal invasion
- Associated severe maternal & neonatal morbidity and mortality
- Low resource setting: extremely challenging owing to fact that majority of women come to hospital at the time of delivery
- Massive obstetrical hemorrhage(blood loss 3000-5000ml)**
- Potential sequelae to massive hemorrhage: Disseminated intravascular coagulopathy(DIC), Acute Renal Failure, ARDS
- Surgical injury to ureter, bladder, bowel
- High maternal mortality(7-10%)**

PAS Spectrum: FIGO Classification

Grade 1	Abnormally adherent placenta: placenta adherenta or creta
Grade 2	Abnormally invasive placenta: Increta
Grade 3	Abnormally invasive Placenta: Percreta
Subtype 3a	Limited to the uterine serosa
Subtype 3b	Urinary bladder invasion
Subtype3c	Invasion of other pelvic tissue/organs

PAS: Risk factors

- Placenta previa in the setting of a prior cesarean delivery: most important risk factor**
- Cesarean scar pregnancy
- History of uterine surgery: hysteroscopic removal of intrauterine adhesions, dilation and curettage, Endometrial ablation, myomectomy
- Maternal age>35, multiparity,history of manual removal of placenta, infertility &/or infertility-related procedures

Objective of the study

To evaluate the risk factors, maternal and perinatal outcomes in pregnant women with Placenta Accrete Spectrum in a Low resource setting

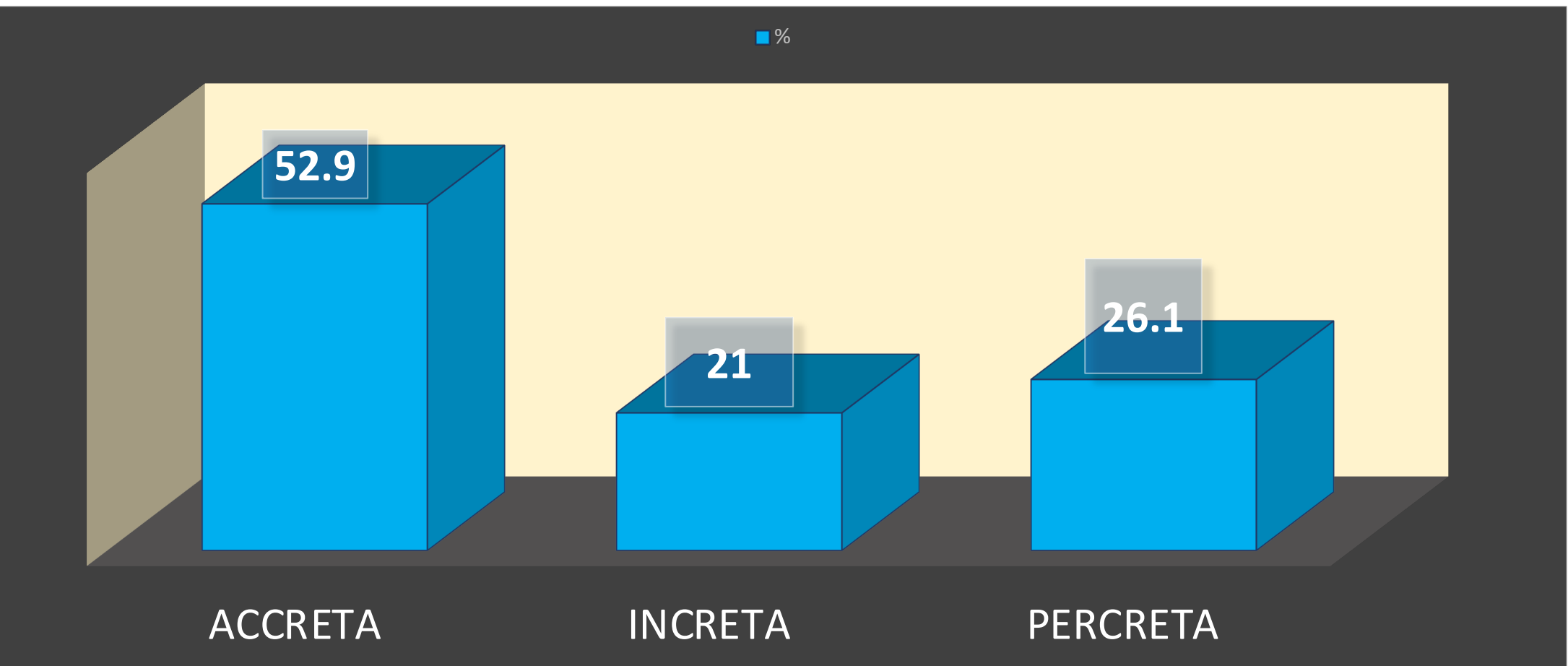
Methods

- Retrospective evaluation of clinically confirmed &/or histologically confirmed cases of PAS over a period of four years
- Department of Obstetrics & Gynecology, KGMU, Lucknow
- Tertiary care referral Centre in North India
- Approved by Institutional ethics committee

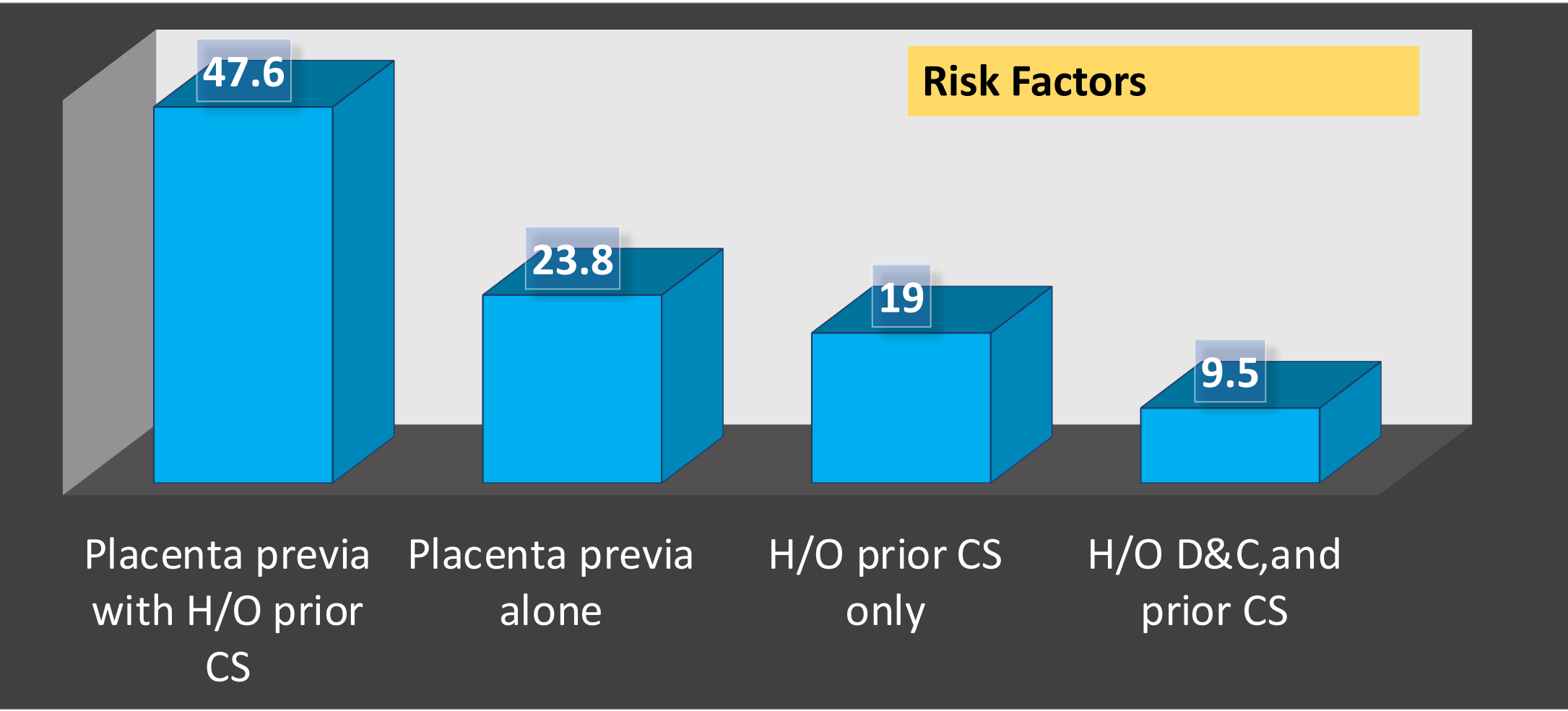
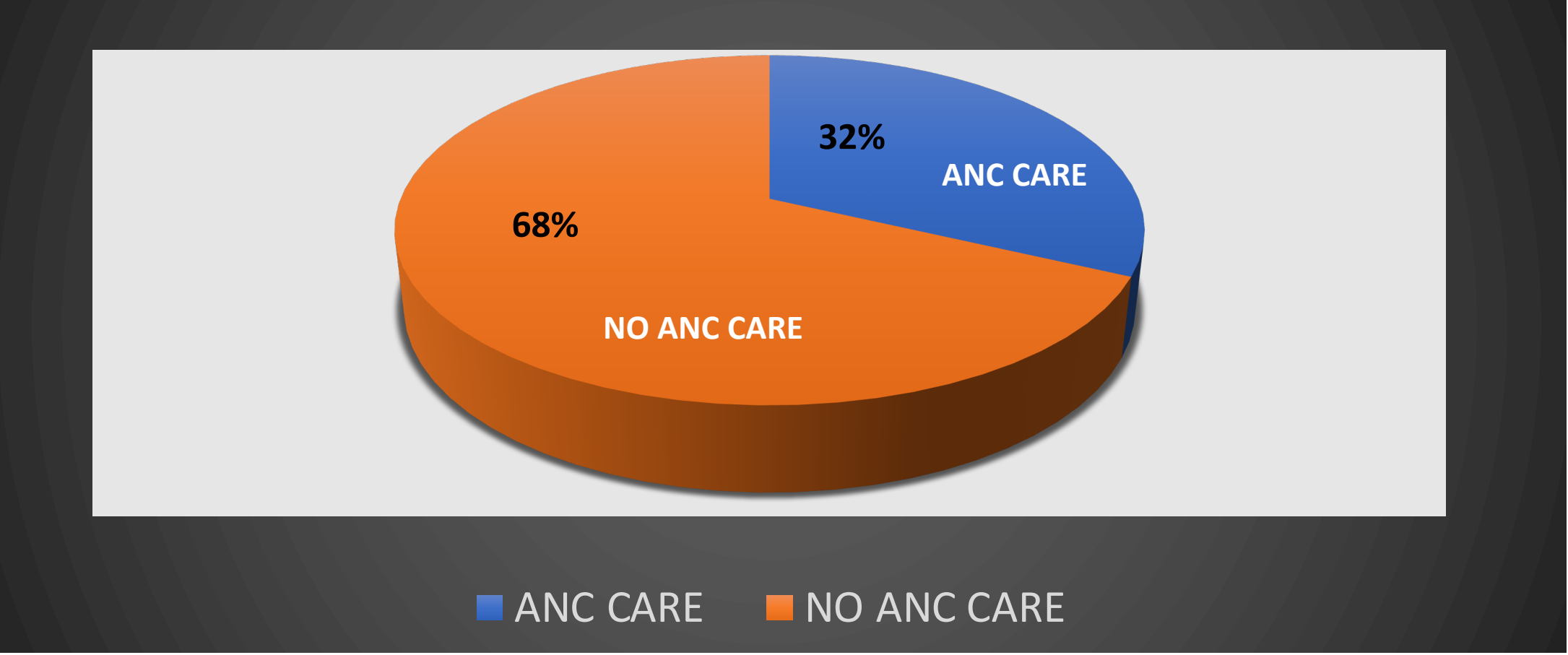
Results

- Total number of deliveries during the period: 39,154
- Women with PAS disorders: 119
- Incidence of PAS disorders in our hospital: 1 in 329 deliveries**
- Maternal age(mean): 29.3 years
- Parity(mean): 2.1
- The commonest type of PAS disorder: Placenta creta/adherenta

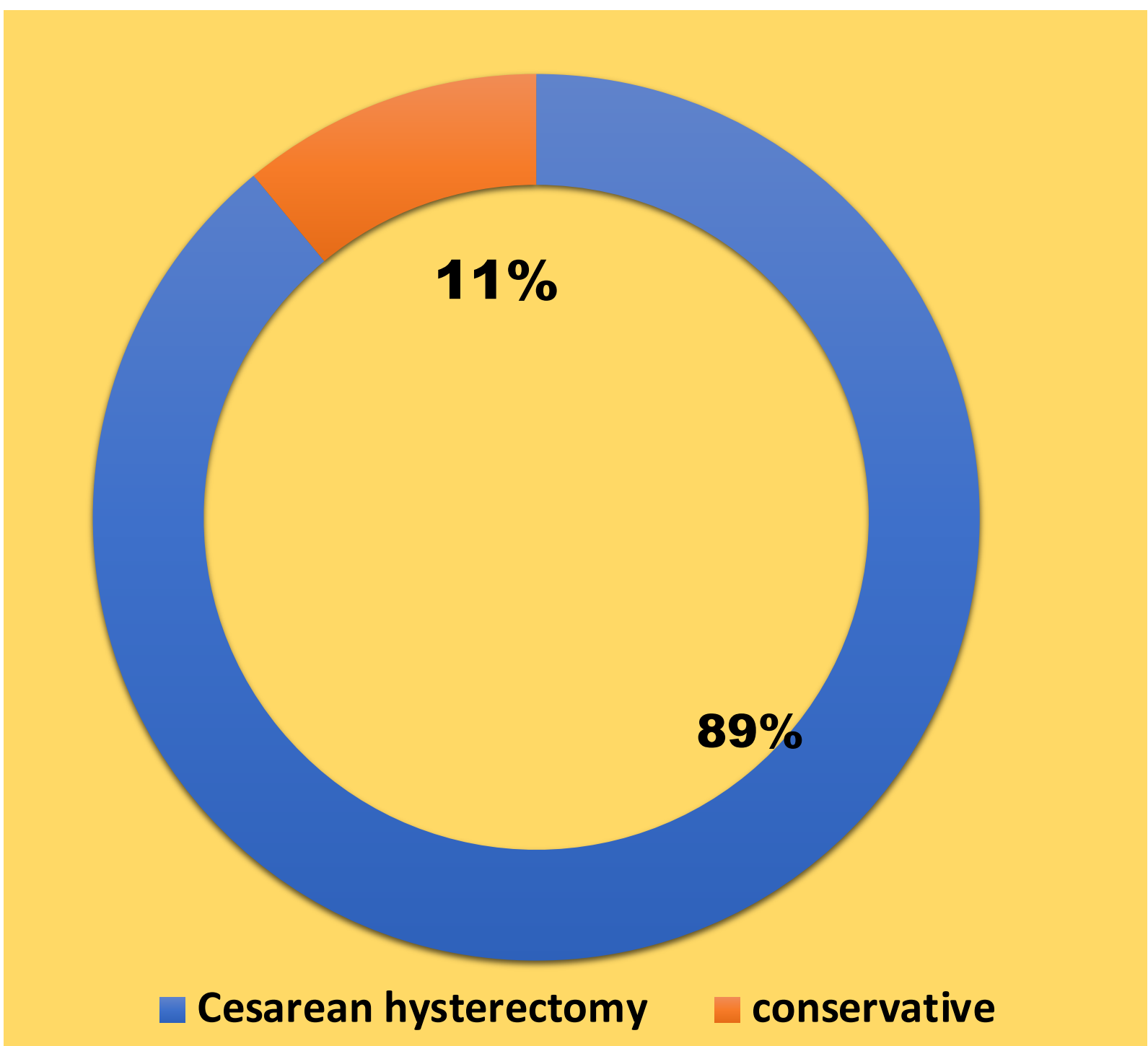
PAS disorder: relative contribution



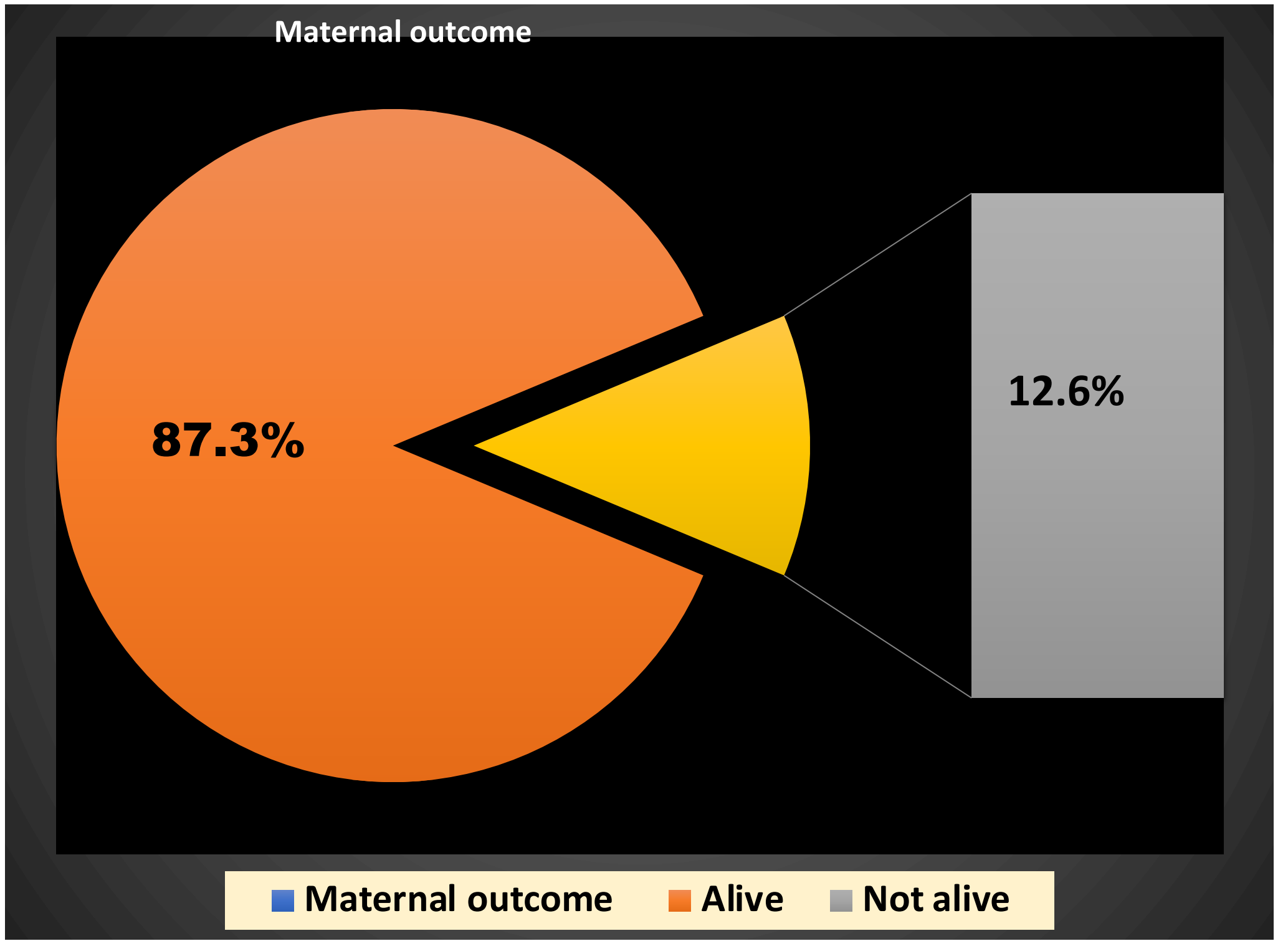
Antenatal care



Type of surgical procedure



Maternal outcome



Perinatal outcome

- Gestational age(weeks): 31.9 ± 5.9
- Mean birth weight(g):1859.5 ± 941.2
- 70 neonates had a 5 min. Apgar score of 8, required care in the neonatal unit and discharged in good health
- 24 fetuses were stillborn
- 25 neonates needed care in the Neonatal intensive care unit

Conclusion

- Incidence of PAS disorders is increasing alarmingly
- Placenta Adherenta: the commonest PAS type
- Placenta previa with prior cesarean delivery is the commonest risk factor
- Associated with high maternal morbidity and mortality
- Associated with poor perinatal outcome
- Antenatal diagnosis, preoperative counselling, planning and Multidisciplinary approach: key factors affecting pregnancy outcome

References

- Placenta accreta spectrum.Obstetric Care Consensus No.7.American College of Obstetricians and Gynecologists.Obstet Gynecol 2018;132:e259-75.
- Maternal outcomes in unexpected placenta accreta spectrum disorders: single-center experience with a multidisciplinary team.Am J Obstet Gynecol 2019;221:337.e1-5.
- FIGO Consensus guidelines on placenta accreta spectrum disorders: Nonconservative surgical management..Int J Gynecol Obstet 2018;140: 281-290.m

Acknowledgement

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